Case 12-79090-bem Doc 1 Filed 11/23/12 Entered 11/23/12 10:59:29 Desc Voluntary Petition Page 1 of 58

R1 (Official Form 1V12/11)			
United No.	States Bankruptcy orthern District of Geor	Court gia	Voluntary Petition
Name of Debtor (if individual, enter Last, Fir Hamilton, Johns Joseph III	st, Middle):	Name of Joint Debtor (Spouse) (Last,	First, Middle):
All Other Names used by the Debtor in the la (include married, maiden, and trade names): AKA Joey Hamilton	t 8 years	All Other Names used by the Joint Det (include married, maiden, and trade na	
Last four digits of Soc. Sec. or Individual-Tax (if more than one, state all) xxx-xx-0564	payer I.D. (ITIN) No./Complete E	IN Last four digits of Soc. Sec. or Individ- (if more than one, state all)	ual-Taxpayer I.D. (ITIN) No./Complete EIN
Street Address of Debtor (No. and Street, City 2312 Mahogany Glen Place Lawrencevitle, GA	, and State):  ZIP Code	Street Address of Joint Debtor (No. an	d Street, City, and State):  ZIP Code
County of Residence or of the Principal Place Gwinnett	30043	County of Residence or of the Principal	
Mailing Address of Debtor (if different from s	ZIP Code	Mailing Address of Joint Debtor (if did	ZIP Code
Location of Principal Assets of Business Debt (if different from street address above):	or		
Type of Debtor  (Form of Organization) (Check one box)  Individual (includes Joint Debtors) See Exhibit D on page 2 of this form.  Corporation (includes LLC and LLP)  Partnership  Other (If debtor is not one of the above entities check this box and state type of entity below.)	Nature of Business (Check one box)  Health Care Business Single Asset Real Estate as in 11 U.S.C. § 101 (51B) Railroad Stockbroker Commodity Broker Clearing Bank Other	the Petition of the Petition o	is Filed (Check one box)  Chapter 15 Petition for Recognition of a Foreign Main Proceeding  Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
Chapter 15 Debtors  Country of debtor's center of main interests:  Bach country in which a foreign proceeding by, regarding, or against debtor is pending:	Tax-Exempt Entity (Check box, if applicabl Debtor is a tax-exempt organiunder Title 26 of the United S Code (the Internal Revenue Co	Debts are primarily consumer d defined in 11 U.S.C. § 101(8) a "incurred by an individual prim	s business debts.  arily for
Filing Fee (Check one b  Full Filing Fee attached  Filing Fee to be paid in installments (applicable attach signed application for the court's consider debtor is unable to pay fee except in installment Form 3A.  Filing Fee waiver requested (applicable to chapt attach signed application for the court's consider	to individuals only). Must stion certifying that the a Rule 1006(b). See Official er 7 individuals only). Must ation. See Official Form 3B.	Debtor's aggregate nuncontingent liquidated debts re less than \$2,343,300 (amount subject to adjust all applicable boxes: A plan is being filed with this petition. Acceptances of the plan were solicited prepetition:	U.S.C. § 101(51D).  It U.S.C. § 101(51D).  (excluding debts owed to insiders or affiliates) ment on 4/01/13 and every three years thereafter).
Statistical/Administrative Information  Debtor estimates that funds will be available Debtor estimates that, after any exempt prothere will be no funds available for distributions of Creditors  The Control of Creditors  1. 50- 100- 200-	le for distribution to unsecured croperty is excluded and administrat	amors.	THE SAME THE CONTRICTOR A
49 99 199 999  Estimated Assets  3 to \$50,000 to \$100,000 to \$500,000 to \$1 million	5,000 10,000 25,000  31,000,001 \$10,000,001 \$50,000,001 to \$10 raillion raillion	50,000 100,000 100,000 500,000 100,000 500 500 500 500,000,001 More than to \$500 to \$1 billion \$1 billion 51 billion	FILED LERK'S OFFICE WARRINGTON COLUMN CHARMOSTRIC OF GEORGIA THOMA CLERK CLERK
Estimated Liabilities  30 to \$50,001 to \$100,001 to \$500,001	\$1,000,001 \$10,000,001 \$30,000,001	\$100,000,001 \$500,000,001 More than	14 POOR 333

Case 12-79090-bem Doc 1 Filed 11/23/12 Entered 11/23/12 10:59:29 Desc Voluntary Petition Page 2 of 58

B1 (Official For	m 1)(12/11)	<u> </u>	Page 2		
Voluntary Petition  Name of Debtor(s): Hamilton, Johns Joseph III					
(This page mu	ist be completed and filed in every case)				
l	All Prior Bankruptcy Cases Filed Within Last	t 8 Years (If more than two, attach ad	ditional sheet)		
Location Where Filed:	- None -	Case Number:	Date Filed:		
Location Where Filed:		Case Number:	Date Filed:		
	nding Bankruptcy Case Filed by any Spouse, Partner, or		n one, attach additional sheet)		
Name of Debte - None -	or:	Case Number:	Date Filed:		
District:		Relationship:	Judge:		
	Exhibit A	Ex	hibit B		
(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  [Description of the Securities Exchange Act of 1934]  [Exhibit A is attached and made a part of this petition.]  [Co be completed if debtor is an individual whose debts are primarily consumer debt. I, the attorney for the petitioner named in the foregoing petition, declare the have informed the petitioner that [he or she] may proceed under chapter 7, 12, or 13 of title 11, United States Code, and have explained the relief available and is requesting relief under chapter 11.)  [Co be completed if debtor is an individual whose debts are primarily consumer debt. I, the attorney for the petitioner named in the foregoing petition, declare the have informed the petitioner that [he or she] may proceed under chapter 7, 12, or 13 of title 11, United States Code, and have explained the relief available in the foregoing petition, declare the have informed the petitioner cannot be a supplied in the foregoing petition, declare the have informed the petitioner cannot be a supplied in the foregoing petition, declare the have informed the petitioner cannot be a supplied in the foregoing petition, declare the have informed the petitioner cannot be a supplied in the foregoing petition, declare the have informed the petitioner cannot be a supplied in the foregoing petition and the petitioner cannot be a supplied in the foregoing petition and the petitioner cannot be a supplied in the foregoing petition and the petitioner cannot be a supplied in the foregoing petition and the petitioner cannot be a supplied in the foregoing petition and the petitioner cannot be a supplied in the foregoing petition and the petition and			whose debts are primarily consumer debts.)  I in the foregoing petition, declare that I or she] may proceed under chapter 7, 11, le, and have explained the relief available ify that I delivered to the debtor the notice		
_		Signature of Attorney for Debtor(s)	(Date)		
	, , , , , , , , , , , , , , , , , , ,				
_	Exhibit C  Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  Yes, and Exhibit C is attached and made a part of this petition.  No.				
	Ext	aibit D			
Exhibit l	leted by every individual debtor. If a joint petition is filed, eac D completed and signed by the debtor is attached and made a	<u>-</u>	separate Exhibit D.)		
•	If this is a joint petition:  Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.				
-	Information Regardin	•			
_	(Check any ap				
=	Debtor has been domiciled or has had a residence, principal days immediately preceding the date of this petition or for				
0	There is a bankruptcy case concerning debtor's affiliate, ge	meral partner, or partnership pending	in this District.		
0	Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.				
	Certification by a Debtor Who Resider (Check all appl		ty		
0	Landlord has a judgment against the debtor for possession	of debtor's residence. (If box checked,	complete the following.)		
	(Name of landlord that obtained judgment)				
		·			
_	(Address of landlord)				
0	Debtor claims that under applicable nonbankruptcy law, the the entire monetary default that gave rise to the judgment for				
0	Debtor has included in this petition the deposit with the con after the filing of the petition.	urt of any rent that would become due	during the 30-day period		
п	Debtor certifies that he/she has served the Landlord with th	nis certification, (11 U.S.C. 8 362(f)).			

B1 (Official Form 1)(12/1	11	ì
---------------------------	----	---

Name of Debtor(s): Hamilton, Johns Joseph III
Hamilton, Johns Joseph III
gnatures
Signature of a Foreign Representative
I declare under penalty of perjury that the information provided in this petition
is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.
(Check only one box.)
☐ I request relief in accordance with chapter 15 of title 11. United States Cod Certified copies of the documents required by 11 U.S.C. §1515 are attached
Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.
X Signature of Foreign Representative
Signature of Foreign Representative
Printed Name of Foreign Representative
rinked rame of roleigh Representative
Date
Signature of Non-Attorney Bankruptcy Petition Preparer
I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for
compensation and have provided the debtor with a copy of this document
and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated
pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services
chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a
debtor or accepting any fee from the debtor, as required in that section.  Official Form 19 is attached.
Official Politi 17 is attached.
Printed Name and title, if any, of Bankruptcy Petition Preparer
Social-Security number (If the bankrutpcy petition preparer is not
an individual, state the Social Security number of the officer,
principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)
prepared, (conquision of 12 or into 13 a to 1)
1
Address
x
A
Date
Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.
Names and Carial County symbols of all other is dividuals who account a
Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is
not an individual:
If more than one memore amounted this dominant attach additional these
If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.
A bankruptcy petition preparer's failure to comply with the provisions of
title 11 and the Federal Rules of Bankruptcy Procedure may result in
fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.
İ

### Case 12-79090-bem Doc 1 Filed 11/23/12 Entered 11/23/12 10:59:29 Desc Voluntary Petition Page 4 of 58

B 1D (Official Form 1, Exhibit D) (12/09)

### United States Bankruptcy Court Northern District of Georgia

		Northern District of Georgia		
In re	Johns Joseph Hamilton, III	Debtor(s)	Case No. Chapter	7

# EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.
- □ 2. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.
- ☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

# Case 12-79090-bem Doc 1 Filed 11/23/12 Entered 11/23/12 10:59:29 Desc Voluntary Petition Page 5 of 58

B 1D (Official Form 1, Exhibit D) (12/09) - Cont. Page 2				
☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);  ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);				
☐ Active military duty in a military combat zone.				
□ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.				
I certify under penalty of perjury that the information provided above is true and correct.				
Signature of Debtor:  John Joseph Hamilton, N				
Date: 11.23.2012				

Case 12-79090-bem Doc 1 Filed 11/23/12 Entered 11/23/12 10:59:29 Desc Voluntary Petition Page 6 of 58

B7 (Official Form 7) (04/10)

### United States Bankruptcy Court Northern District of Georgia

		TOTAL DISTINCT OF GOOD SIR		
In re	Johns Joseph Hamilton, ill		Case No.	
		Debtor(s)	Chapter	7

#### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor, general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates, any managing agent of the debtor. 11 U.S.C. § 101.

#### 1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$31,671.50	2012 YTD: Husband Employment Income - Auterson Baseball
\$51,065.90	2011: Husband Employment Income - Auterson Baseball
\$6,020.00	2011: Husband Employment Income - Ninth Inning Baseball
\$26,952.50	2010: Husband Employment Income - Auterson Baseball

#### 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars, If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**AMOUNT** \$0.00

SOURCE

Annuity with American National Insurance Company paying \$3,391.53 monthly to

ex-spouse for child support.

#### 3. Payments to creditors

#### Complete a. or h., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts. List all payments on loans, installment purchases of goods or services. and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF **PAYMENTS** 

AMOUNT PAID

AMOUNT STILL OWING

00.02

\$0.00

See Attached Bank Statements

None Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850°. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not

> DATES OF PAYMENTS/ TRANSFERS

AMOUNT PAID OR **VALUE OF** 

AMOUNT STILL

TRANSFERS

OWING

None

filed.)

c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

NAME AND ADDRESS OF CREDITOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER

NATURE OF **PROCEEDING**  COURT OR AGENCY AND LOCATION

STATUS OR DISPOSITION

Midland Funding LLC, Assignee of Chase Bank

Civil

Magistrate

**Pending** 

USA, N.A. vs. Johns Hamilton

Case No 12 M 37133

<sup>\*</sup> Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

#### 5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

#### 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

\_\_\_\_

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF

PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

#### 9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY

#### 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

IN PROPERTY

#### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

#### 12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

#### 13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

#### 14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

15. Prior address of debtor

None О

If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS

2559 Sable Ridge Court **Buford, GA 30519** 

NAME USED

Johns Joseph Hamilton, III

DATES OF OCCUPANCY

5

2/2006 - 7/2009

#### 16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

#### NAME

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS

NAME AND ADDRESS OF **GOVERNMENTAL UNIT** 

DATE OF NOTICE

ENVIRONMENTAL

LAW

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous None

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS

NAME AND ADDRESS OF **GOVERNMENTAL UNIT** 

DATE OF

**ENVIRONMENTAL** 

NOTICE LAW

None

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF **GOVERNMENTAL UNIT** 

DOCKET NUMBER

STATUS OR DISPOSITION

#### 18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN) COMPLETE EIN ADDRESS

NATURE OF BUSINESS

**BEGINNING AND** 

ENDING DATES

NAME

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None

NAME

**ADDRESS** 

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

#### 19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

#### NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

**ADDRESS** 

DATES SERVICES RENDERED

None

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

None

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within two years immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

#### 20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

None h List th

b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

#### 21. Current Partners, Officers, Directors and Shareholders

None a. If t

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

#### 22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

NAME

**ADDRESS** 

DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

#### 23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

#### 24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within six years immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

- 1

#### 25. Pension Funds.

None If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within six years immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN).

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

	declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.					
Date	11.23.2012	_ Signature	Johns Joseph Hamilton, III Debtor			

 $Penalty for making \ a false \ statement: Fine \ of up \ to \ \$500,000 \ or \ imprisonment for \ up \ to \ \$ \ years, \ or \ both. \ 18 \ U.S.C. \ \S\$ \ 152 \ and \ 3571$ 

Best Case Bankruptcy

Case 12-79090-bem Doc 1 Filed 11/23/12 Entered 11/23/12 10:59:29 Desc Voluntary Petition Page 15 of 58

B6A (Official Form 6A) (12/07)

In re	Johns Joseph Hamilton, III	Case No
	Debtor	

### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property

Nature of Debtor's
Interest in Property

Nature of Debtor's
Interest in Property

Nature of Debtor's
Joint, or
Community

Current Value of
Debtor's Interest in
Property, without
Deducting any Secured
Claim or Exemption

None

Sub-Total >

0.00

(Total of this page)

Total >

0.00

### Case 12-79090-bem Doc 1 Filed 11/23/12 Entered 11/23/12 10:59:29 Desc Voluntary Petition Page 16 of 58

B6B (Official Form 6B) (12/07)

In re	Johns Joseph Hamilton, Ili	Case No.	
	Debtor		

#### SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1.	Cash on hand	х			
2.	Checking, savings or other financial	E	Bank of America Checking Account	-	400.00
	accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	E	Bank of America Keep the Change Savings Account	: <b>-</b>	10.00
3.	Security deposits with public utilities, telephone companies, landlords, and others.	X			
4.	Household goods and furnishings, including audio, video, and computer equipment.		lusband's interest in household furniture, goods and furnishings	J	2,500.00
<b>5</b> .	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	N	Miscellaneous Sports Memorabilia	•	500.00
6.	Wearing apparel.	H	lusband's clothing	-	1,000.00
<b>7</b> .	Furs and jewelry.	H	lusband's wedding ring	-	500.00
8.	Firearms and sports, photographic, and other hobby equipment.	٧	Veight Machines	-	250.00
9.		S	Stonebirdge Life Insurance Policy on Self	-	75,000.00
	Name insurance company of each policy and itemize surrender or refund value of each.	N	flonumental Life Insurance Policy on Self	-	250,000.00
	svaning raine of earth.	J	lefferson Pilot Financial	J	Unknown
10.	Annuities. Itemize and name each issuer.		American National Insurance Company 16 Year Annuity - Payment to ex-spouse for child support	-	3,391.53

Sub-Total > 333,551.53
(Total of this page)

# Case 12-79090-bem Doc 1 Filed 11/23/12 Entered 11/23/12 10:59:29 Desc Voluntary Petition Page 17 of 58

B6B (Official Form 6B) (12/07) - Cent.

ln	re <b>Johns Joseph I</b>	Hamilton, III		Case No	
			Debtor		·
		SCHE	EDULE B - PERSONAL PROPE (Continuation Sheet)	RTÝ	
	Type of Property	N O N E	Description and Location of Property	Jonn, or	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11.	Interests in an education I defined in 26 U.S.C. § 530 under a qualified State tui as defined in 26 U.S.C. § Give particulars. (File ser record(s) of any such inter 11 U.S.C. § 521(c).)	0(b)(1) or tion plan 529(b)(1). parately the			<b>"</b>
12.	Interests in IRA, ERISA, I other pension or profit sha plans. Give particulars.				
13.	Stock and interests in inco and unincorporated busine Itemize.				
14.	Interests in partnerships or ventures. Itemize.	rjoint X			
15.	Government and corporate and other negotiable and nonnegotiable instruments				
16.	Accounts receivable.	x			
17.	Alimony, maintenance, su property settlements to wh debtor is or may be entitle particulars.	nich the	-		
18.	Other liquidated debts owincluding tax refunds. Giv				
19.	Equitable or future interes estates, and rights or powe exercisable for the benefit debtor other than those lis Schedule A - Real Propert	of the ted in			
20.	Contingent and nonconting interests in estate of a decidenth benefit plan, life inspolicy, or trust.	edent,			
21.	Other contingent and unlic claims of every nature, inc tax refunds, counterclaims debtor, and rights to setoff Give estimated value of ea	cluding of the f claims.			
				Sub-Tota (Total of this page)	al > 0.00

# Case 12-79090-bem Doc 1 Filed 11/23/12 Entered 11/23/12 10:59:29 Desc Voluntary Petition Page 18 of 58

B6B (Official Form 6B) (12/07) - Cont.

In re	Johns Joseph Hamilton, III	Case No

### Debtor

### **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22.	Patents, copyrights, and other intellectual property. Give particulars.	х		-	
23.	Licenses, franchises, and other general intangibles. Give particulars.	X			
24.	Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
<b>2</b> 5.	Automobiles, trucks, trailers, and other vehicles and accessories.	200	5 Cadillac Escalade	-	6,500.00
26.	Boats, motors, and accessories.	X			
27.	Aircraft and accessories.	X			
28.	Office equipment, furnishings, and supplies.	X			
29.	Machinery, fixtures, equipment, and supplies used in business.	x			
30.	Inventory.	X			
31.	Animals.	X			
32.	Crops - growing or harvested. Give particulars.	X			
33.	Farming equipment and implements.	X			
34.	Farm supplies, chemicals, and feed.	X			
35.	Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > (Total of this page)

6,500.00

Total >

340,051.53

### Case 12-79090-bem Doc 1 Filed 11/23/12 Entered 11/23/12 10:59:29 Desc Voluntary Petition Page 19 of 58

B6C (Official Form 6C) (4/10)

In re	Johns Joseph Hamilton, III	Case No.
	Debtor	

### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:	☐ Check if debtor claims a homestead exemption that exceeds
(Check one box)	\$146,450. (Amount subject to adjustment on 4/1/13, and every three years therea
11 TT 0 C 8500/b)/0\	with respect to cases commenced on or offer the date of adjustment )

☐ 11 U.S.C. §522(b)(2) ☐ 11 U.S.C. §522(b)(3) Value of Current Value of Specify Law Providing Property Without Deducting Exemption Description of Property Claimed **Each Exemption** Exemption Checking, Savings, or Other Financial Accounts, Certificates of Deposit
Bank of America Checking Account
O.C.G.A. § 44-13-100(a)(6) 400.00 400.00 10.00 10.00 **Bank of America Keep the Change Savings** O.C.G.A. § 44-13-100(a)(6) Account <u>Household Goods and Furnishings</u> Husband's interest in household furniture, 2,500.00 Ga. Code Ann. § 44-13-100(a)(4) 2,500.00 goods and furnishings <u>Books, Pictures and Other Art Objects; Collectibles</u>
Miscellaneous Sports Memorabilia 500.00 500.00 Ga. Code Ann. § 44-13-100(a)(6) Wearing Apparel Husband's clothing Ga. Code Ann. § 44-13-100(a)(4) 1,000.00 1,000.00 Furs and Jewelry Husband's wedding ring 500.00 500.00 Ga. Code Ann. § 44-13-100(a)(5) <u>Firearms and Sports, Photographic and Other Hobby Equipment</u>
Weight Machines
Ga. Code An Ga. Code Ann. § 44-13-100(a)(6) 250.00 250.00 Interests in Insurance Policies Stonebirdge Life Insurance Policy on Self 75,000.00 75,000.00 Ga. Code Ann. § 44-13-100(a)(8) 250,000.00 Monumental Life Insurance Policy on Self Ga. Code Ann. § 44-13-100(a)(8) 250,000.00 **Jefferson Pilot Financial** O.C.G.A. § 44-13-100(a)(9) 0.00 Unknown <u>Annuities</u> 3,391.53 3,391.53 American National Insurance Company 16 Year Ga. Code Ann. § 33-28-7 Annuity - Payment to ex-spouse for child support <u>Automobiles, Trucks, Trailers, and Other Vehicles</u> 2005 Cadillac Escalade 3.500.00 O.C.G.A. § 44-13-100(a)(3) 6,500.00 O.C.G.A. § 44-13-100(a)(6) 3,000.00

Total: 340,051.53 340,051.53

### Case 12-79090-bem Doc 1 Filed 11/23/12 Entered 11/23/12 10:59:29 Desc Voluntary Petition Page 20 of 58

B6D (Official Form 6D) (12/07)

•		
In re	Johns Joseph Hamilton, III	Case No.
III I C	Johns Joseph Hanniton, III	Case No.
-		
	Debtor	

#### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured

guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "I", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

ODEDITODIO MANGE	ç	Husband, Wife, Joint, or Community C U C				٦.	AMOUNT OF	<u>-</u>
CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	ロロエー エロயスト	DZ1-QD-D4-MD	SPUTED	CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.					FEIC			
			Value \$					
Account No.						П		
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
0 continuation sheets attached	<u></u>	L,		ubte		- 1		
			(20 02		ota		0.00	0.0

# Case 12-79090-bem Doc 1 Filed 11/23/12 Entered 11/23/12 10:59:29 Desc Voluntary Petition Page 21 of 58

B6E (Official Form 6E) (4/10)

In re	Johns Joseph Hamilton, III	Case No.
	I	Debtor
	SCHEDULE E - CREDITORS HOLDIN	G UNSECURED PRIORITY CLAIMS
to pri	iority should be listed in this schedule. In the boxes provided on the attached	ity, is to be set forth on the sheets provided. Only holders of unsecured claims entitled sheets, state the name, mailing address, including zip code, and last four digits of the the property of the debtor, as of the date of the filing of the petition. Use a separate
so. If	The complete account number of any account the debtor has with the creditor	is useful to the trustee and the creditor and may be provided if the debtor chooses to do of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian."
sched liable colun	If any entity other than a spouse in a joint case may be jointly liable on a clai fule of creditors, and complete Schedule H-Codebtors. If a joint petition is file on each claim by placing an "H," "W," "J," or "C" in the column labeled "H	m, place an "X" in the column labeled "Codebtor," include the entity on the appropriate ad, state whether the husband, wife, both of them, or the marital community may be usband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the mn labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled
"Tota listed	Report the total of claims listed on each sheet in the box labeled "Subtotals" of all on the last sheet of the completed schedule. Report this total also on the St Report the total of amounts entitled to priority listed on each sheet in the box on this Schedule E in the box labeled "Totals" on the last sheet of the compl	on each sheet. Report the total of all claims listed on this Schedule E in the box labeled
priori		box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to e completed schedule. Individual debtors with primarily consumer debts report this
□ c	heck this box if debtor has no creditors holding unsecured priority claims to	report on this Schedule E.
TYP	PES OF PRIORITY CLAIMS (Check the appropriate box(es) below if	claims in that category are listed on the attached sheets)
<b>D</b>	Omestic support obligations	
	laims for domestic support that are owed to or recoverable by a spouse, form the achild, or a governmental unit to whom such a domestic support claim has	er spouse, or child of the debtor, or the parent, legal guardian, or responsible relative been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
□ E	xtensions of credit in an involuntary case	
	claims arising in the ordinary course of the debtor's business or financial affair see or the order for relief. 11 U.S.C. § 507(a)(3).	s after the commencement of the case but before the earlier of the appointment of a
	Vages, salaries, and commissions	
repres	Vages, salaries, and commissions, including vacation, severance, and sick leav sentatives up to \$11,725* per person earned within 180 days immediately precred first, to the extent provided in 11 U.S.C. § 507(a)(4).	re pay owing to employees and commissions owing to qualifying independent sales ceding the filing of the original petition, or the cessation of business, whichever
	Contributions to employee benefit plans	
	foney owed to employee benefit plans for services rendered within 180 days hever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).	immediately preceding the filing of the original petition, or the cessation of business,
	Certain farmers and fishermen Laims of certain farmers and fishermen, up to \$5,775* per farmer or fisherma	n, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
C	Peposits by individuals Claims of individuals up to \$2,600° for deposits for the purchase, lease, or remered or provided. II U.S.C. § 507(a)(7).	tal of property or services for personal, family, or household use, that were not
T	axes and certain other debts owed to governmental units	
_	axes, customs duties, and penalties owing to federal, state, and local governm	ental units as set forth in 11 U.S.C. § 507(a)(8).
	Commitments to maintain the capital of an insured depository inst	itution
	laims based on commitments to the FDIC, RTC, Director of the Office of Thr	ift Supervision, Comptroller of the Currency, or Board of Governors of the Federal

☐ Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

<sup>\*</sup> Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

### Case 12-79090-bem Doc 1 Filed 11/23/12 Entered 11/23/12 10:59:29 Desc Voluntary Petition Page 22 of 58

B6R (Official Form 6E) (4/10) - Cont.

In re	Johns Joseph Hamilton, III	Case No	
	Debtor		

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS (Continuation Sheet)

Domestic Support Obligations

						_	TYPE OF PRIORITY	<u></u>
CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR	H H W J C	AND CONSIDERATION FOR CLAIM	COZF_ZGEZF	ロボーショーへのして20	ローの中ントモロ	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY  AMOUNT ENTITLED TO PRIORITY
Account No.	$\Box$	Π	Child Support	7	Ĕ			
Angela Cribb Hamilton 4035 Wellington Mist Point Duluth, GA 30097		•					Unknown	Unknown
Account No.		T	Child Support	+	П			
Keleigh Cristin Oxendine 2937 Strand Avenue Lawrenceville, GA 30043								Unknown
	_	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	_		_	Unknown	Unknown
Account No.								
Account No.								
Account No.								
Sheet 1 of 2 continuation sheets	attache	d to	,	Subt				0.00
Schedule of Creditors Holding Unsecured				this	pag	e)	0.00	0.00

Case 12-79090-bem Doc 1 Filed 11/23/12 Entered 11/23/12 10:59:29 Desc Voluntary Petition Page 23 of 58

B6E (Official Form 6E) (4/10) - Cont.

In re	Johns Joseph Hamilton, III	Case No
	Debtor	

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts Owed to Governmental Units

10,237.62

25,055.29

TYPE OF PRIORITY SOTEBLOR T ISJC Husband, Wife, Joint, or Community 0M-1>0-CO-12C AMOUNT NOT ENTITLED TO PRIORITY, IF ANY CREDITOR'S NAME, OZT - ZGEZT SPUTED AND MAILING ADDRESS H W DATE CLAIM WAS INCURRED **AMOUNT** INCLUDING ZIP CODE, AND CONSIDERATION FOR CLAIM OF CLAIM AMOUNT ENTITLED TO PRIORITY AND ACCOUNT NUMBER (See instructions.) Account No. Georgia Dept of Revenue 0.00 **Taxpayer Services Division** P.O. Box 105499 Atlanta, GA 30348-5499 10,237.62 10,237.62 Account No. Internal Revenue Service 14.817.67 401 W. Peachtree Street NW Atlanta, GA 30308 14,817.67 0.00 Account No. Account No. Account No. Subtotal 14,817.67 continuation sheets attached to of 2 (Total of this page) 25,055.29 10,237.62 Schedule of Creditors Holding Unsecured Priority Claims 14,817.67 Total

(Report on Summary of Schedules)

### Case 12-79090-bem Doc 1 Filed 11/23/12 Entered 11/23/12 10:59:29 Desc Voluntary Petition Page 24 of 58

BGF (Official Form 6F) (12/07)

In re	Johns Joseph Hamilton, III	Case No.
111 10	Joinia acsept. Hammon, in	Cusc 140.
	**************************************	·
	Debtor	
	2000	

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is uniquidated, place an "X" in the column labeled "Unliquidated." If the

claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

CREDITOR'S NAME,	Ç	Ţŀ	tusband, Wife, Joint, or Community	Tc	Ū	D	T	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	ŀ	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM IF CLAIM	COZF-ZGEZ	ON-LOCATED	SPUTED		AMOUNT OF CLAIM
Account No. xxxxxx7864				<b>]</b>	Î			
AOL P.O. Box 60018 Tampa, FL 33660-0018		-			ס			
							ı	239.40
Account No. xxxx6199	1	t		T	Г		1	
AT&T - Legacy B. c/o Bay Area Credit Srvc LLC 1901 W. 10th Street Antioch, CA 94509		-						400.00
Account No. xxx1883	_	┞		$\vdash$	-	H	+	133.30
Bank of America Mortgage P.O. Box 5170 Simi Valley, CA 93062-5170		-						0.00
Account No. xxx1883	┪-	H					t	
Bank of America Mortgage P.O. Box 650070 Dallas, TX 75265								423,045.00
7 continuation sheets attached		L	(Total of t	Subt			†	423,417.70

Case 12-79090-bem Doc 1 Filed 11/23/12 Entered 11/23/12 10:59:29 Desc Voluntary Petition Page 25 of 58

B6F (Official Form 6F) (12/07) - Cont.

In re	Johns Joseph Hamilton, Iti		Case No.	<del> </del>
_		Debtor		

CDEDITODIS NAME	Ç	Ηυ	sband, Wife, Joint, or Community	Tc	Ų	p	<u> </u>
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	±⊗ J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	COZFLZGEZ	Z00-04	SPUTED	AMOUNT OF CLAIM
Account No. xxx9844				٦,	Ē		
Barclays Bank Delaware c/o Enhanced Recovery 8014 Babyerry Rd Jacksonville, FL 32256-7412					D		27,800.81
Account No. xxx9844		H	Owe Barclays \$27,800.81	十	t		
Barclays Bank Delaware c/o Plaza Assoc. JAF Station, PO Box 2769 New York, NY 10116-2769		-					
,							0.00
Account No. xxx9844	Ţ		Owe Barclays Bank \$27,800.81	T	Ī		
Barclays Bank Delaware c/o NationalEnterprise Systems 29125 Solon Road Solon, OH 44139-3442		•					0.00
Account No. xxxxx69-19	╁			$\dagger$	$\dagger$	H	
Cannongate Golf Clubs c/o CRB Service Company 6065 Roswell Road, Ste. 440 Atlanta, GA 30328		ı					713.65
Account No.	┢			$\dagger$	+	╁	
City of Buford c/o Penn Credit 916 S. 14th St. PO Box 988 Harrisburg, PA 17108-0988		,					169.39
Sheet no. 1 of 7 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub			28,683.85

Case 12-79090-bem Doc 1 Filed 11/23/12 Entered 11/23/12 10:59:29 Desc Voluntary Petition Page 26 of 58

B6F (Official Form 6F) (12/07) - Cont.

In re	Johns Joseph Hamilton, III	Case No.
	Dehtor	

CREDITOR'S NAME.	CO	Hu	sband, Wife, Joint, or Community	ļç	U	Þ	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	ODEBTOR	1870	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	02+-20mz	21-05-04	の事士にもの	AMOUNT OF CLAIM
Account No. xx8373	Т	Г		٦٣	Ē		
First Bankcard (Union Bank) c/o Platinum Recovery Solution P.O. Box 541090 Omaha, NE 68154-9090					D		47,329.56
Account No. xx8373	╅	<u> </u>	Owe First Bankcard \$47,329.56	$\dagger$	┢	╁	
First Bankcard (Union Bank) c/o RGS Financial P.O. Box 852039 Richardson, TX 75085-2039		-					0.00
Account No. xx8373	╁	H	Owe First Bankcard \$47,329.56	+	十	┢	
First Bankcard (Union Bank) c/o UNIFUND CCR LLC 10625 Techwoods Cir. Cincinnati, OH 45243		_					0.00
Account No. xxxxxxxxxxxxxxxx5618	╁╴			$\dagger$	H		
GE Money Bank c/o Allied Interstate 3000 Corporate Exchange Dr. Columbus, OH 43231		-					4,934.40
Account No. xxxxxxxxxxxxxxxx5618	_	H	Owe GE Money Bank \$4,934.40	+	十		.,
GE Money Bank c/o NCC Business Services 9428 Baymeadows Rd, #200 Jacksonville, FL 32256							0.00
Sheet no. 2 of 7 sheets attached to Schedule of	 [	L		Sub	tota	ıl ıl	52,263.96

# Case 12-79090-bem Doc 1 Filed 11/23/12 Entered 11/23/12 10:59:29 Desc Voluntary Petition Page 27 of 58

B6F (Official Form 6F) (12/07) - Cent.

In re	Johns Joseph Hamilton, III	Case No.	
•	Debtor		

CREDITOR'S NAME,	Ţç	Hu	sband, Wife, Joint, or Community	18	Ų	P	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONT - NGEN	27-02-04	ローの中山下田口	AMOUNT OF CLAIM
Account No. xxxx9283	<u>†</u>	T		٦	Î		
HSBC Bank Nevada c/o Phillips & Cohen Assoc 1002 Justison St Wilmington, DE 19801-5148		<b>.</b>		-  -			665.13
Account No. xxxxx6543	1			╁	t	┪	
HSBC-Yamaha c/o Northland Group P.O. Box 390846 Minneapolis, MN 55439							7,657 <i>.5</i> 7
Account No. xxxxx6543	╀	_	Owe HSBC-Yamaha \$7,557.57	╀	╁	┞	7,007.07
HSBC-Yamaha c/o Curtis O Banres PC P.O. Box 1390 Anaheim, CA 92815-1390		_		1			0.00
Account No. xxxxx6543	┢	<u> </u>	Owe HSBC-Yamaha \$7,557.57	$\dagger$	t	╁	
HSBC-Yamaha c/o Asset Recovery Solutions 2200 E. Devon Ave, Suite 200 Des Plaines, IL 60018-4501		-					0.00
Account No. xxxx0051	┞	-		╁	╁	-	
JP Morgan Chase c/o Firstsource Advantage 205 Bryant Woods South Buffalo, NY 14228		-					5,897.47
Sheet no. 3 of 7 sheets attached to Schedule of		<u> </u>		Sub	tota	<u>1                                    </u>	14,120.17

Case 12-79090-bem Doc 1 Filed 11/23/12 Entered 11/23/12 10:59:29 Desc Voluntary Petition Page 28 of 58

B6F (Official Form 6F) (12/07) - Cont.

In re	Johns Joseph Hamilton, 🛭	Case No.
	Debtor	

CREDITOR'S NAME,							
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	COZF-ZOMZH	200-	ローの中して出口	AMOUNT OF CLAIN
Account No. xxxx0051	]	Γ	Owe JP Morgan \$5,894.47	٦,	DATED		
JP Morgan Chase c/o HANNA 1427 Roswell Road Marietta, GA 30062					٥		0.00
Account No. xxxx0051	1	l	Owe JP Morgan \$5,894.47	t	r	H	
JP Morgan Chase c/o NCO Financial Systems 507 Prudential Road Horsham, PA 19044		-					0.00
Account No.	+	H		$\dagger$	t	┝	
Liberty Community Management 2559 Sable Ridge Court P.O. Box 2082 Loganville, GA 30052							700.00
Account No. xx8855	+	$\vdash$		╁	┢	┢	
Monitronics International c/o Rosenthal, Morgan & Thomas 12747 Olive Blvd, Ste. 250 Saint Louis, MO 63141							240.13
Account No. xx8855	+	$\vdash$	Owe Monitronics \$240.13	╬	╁	┝	
Monitronics International c/o Credit Management LP 4200 International Pkwy Carrollton, TX 75007-1912		-					0.00
	of	<u> </u>	<u> </u>	Sub	L	<u> </u>	

Case 12-79090-bem Doc 1 Filed 11/23/12 Entered 11/23/12 10:59:29 Desc Voluntary Petition Page 29 of 58

B6F (Official Form 6F) (12/07) - Cont.

In re	Johns Joseph Hamilton, III	Case No.
	Debtor	

CREDITOR'S NAME,	ç	Hu	sband, Wife, Joint, or Community	Īċ	ű	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C H M J	1 114 14 (1 4 14 14 14 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16	02F_20M2	N-1-03-D4	ひしらむひてだり	AMOUNT OF CLAIM
Account No.	Γ	Γ		7	TED		
Nieman Marcus P.O. Box 729080 Dallas, TX 75372-9080		-					655.00
Account No.	╁╴	$\vdash$		+	$\vdash$	╁	
Nieman Marcus P.O. Box 5235 Carol Stream, IL 60197-5235	:	-					
				$oldsymbol{\perp}$			0.00
Account No. xxxxxx4197	I			T	Γ	Γ	
Pestban of GA c/o NCO Financial Systems P.O. Box 15372 Wilmington, DE 19850-5372		-					180.00
Account No. xxxxxxx1841	$\mathbf{f}$	$\vdash$		十	H	t	
Premier Immediate Care of GA c/o Transworld Systems 280 Interstate N, Cir. #540 Atlanta, GA 30339		  - 					306,01
Account No. xxxxxxx1841	1		Owe Premier \$306.01	十	H	H	
Premier Immediate Care of GA c/o NCO Pinancial Systems, Inc 507 Prudential Road Horsham, PA 19044		  - 					0.00
Sheet no. 5 of 7 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	•		(Total of	Subi			1,141.01

Case 12-79090-bem Doc 1 Filed 11/23/12 Entered 11/23/12 10:59:29 Desc Voluntary Petition Page 30 of 58

16F (Official Form 6F) (12/07) - Cont.

m re	Johns Joseph Hamilton, Ill	Case No
		Debtor

ampropaga i i a	īδ	i Hu	spand, with, Joint of Community	i c	i	1 [ [	<u> </u>
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	# <b>&amp;</b> J C	DATE CLAIM WAS INCUIDED AND	COXT - ZGHZ	- 10	I SFUTEC	1
Account No. xxxxxxx9171	Γ			٦	Ī		
Quest Diagnostics c/o American Medical Collectio Westchester Plaza, Suite 110 Elmsford, NY 10523		•					94.18
Account No. xxxx-xxxx-xxxx-1649	╁	-		十	$\dagger$	$\dagger$	
State Farm Bank c/o Management Services, Inc. P.O. Box 1099 Langhorne, PA 19047		- -					
	L						8,703.23
Account No. xxxx-xxxx-1649			Owe State Farm Bank \$8,703.23	-			
State Farm Bank c/o FMS, Inc. P.O. Box 707600 Tulsa, OK 74170-7600						; ;	0.00
Account No. xx2349	╁	-		╁	$\dagger$	+	
TruGreen P.O. Box 2729 Suwanee, GA 30024-0984		1					47.25
Account No. xxxxxxxxxxx5516	╁	$\vdash$		十	$\dagger$	+	77.25
Wachovia Bank c/o LDG Financial Services 7001 Pchtree Indus Blv Ste 320 Norcross, GA 30092							287.05
Sheet no. 6 of 7 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total o	Sub f this			9,131.71

Case 12-79090-bem Doc 1 Filed 11/23/12 Entered 11/23/12 10:59:29 Desc Voluntary Petition Page 31 of 58

B6F (Official Form 6F) (12/07) - Cont.

In re	Johns Joseph Hamilton, III		Case No.	·
		Debtor		

	٦c	IJ.	sband, Wife, Joint, or Community	Tr	111	Tr	<del></del>
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	COCHBIOR	O C S H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	021-05-04	D-SPUTED	AMOUNT OF CLAIM
Account No. xx0611		Γ		٦Ÿ	Ī		
Waste Pro 3512 Oakcliff Rd Atlanta, GA 30340	: :  :	-				<del> </del>	85.35
Account No.	╀	<u> </u>		$\dagger$	╁		
				i e			
Account No.	╁	-		+	╁	-	
Account No.	}			T			
Account No.	╁	_		+	-	╀	
Sheet no. 7 of 7 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	_	<u>i_</u>	(Total of	Sub			85,35
. ,			(Report on Summary of S	-	Tota	al	106,738.88

Case 12-79090-bem Doc 1 Filed 11/23/12 Entered 11/23/12 10:59:29 Desc Voluntary Petition Page 32 of 58

B6G (Official Form 6G) (12/07)

In re	Johns Joseph Hamilton, III	Case No.
		Debtor
	SCHEDIII E C EVECUTODY	CONTRACTS AND INEVDIDED I FASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.

Case 12-79090-bem Doc 1 Filed 11/23/12 Entered 11/23/12 10:59:29 Desc Voluntary Petition Page 33 of 58

B6H (Official Form 6H) (12/07)

In re	Johns Joseph Hamilton, III	Case No.
	Debt	Or

### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

### Case 12-79090-bem Doc 1 Filed 11/23/12 Entered 11/23/12 10:59:29 Desc Voluntary Petition Page 34 of 58

B6I (Off	cial Form 6I) (12/07)			
In re	Johns Joseph Hamilton, Ili		Case No.	
		Debtor(s)		

#### SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS	OF DEBTOR AND S	SPOUSE		
	RELATIONSHIP(S): Son	AGE(S)	j:		
Married	Son	-			
	Son	-			
	Son	- 1			ļ
	Wife	31			
Employment:	DEBTOR		SPOUSE		
Occupation	Baseball Training				
Name of Employer					
How long employed		2 months			
Address of Employer	2312 Mahogany Glen Place Lawrenceville, GA 30043				
INCOME: (Estimate of average	age or projected monthly income at time case filed)		DEBTOR		SPOUSE
1. Monthly gross wages, salary	y, and commissions (Prorate if not paid monthly)	\$.	4,600.00	\$_	300.00
2. Estimate monthly overtime		\$.	0.00	\$_	0.00
3. SUBTOTAL		\$.	4,600.00	\$	300.00
4. LESS PAYROLL DEDUCT	TIONS				
a. Payroll taxes and socia		\$ .	0.00	\$_	25.00
b. Insurance	AL Mercus any	\$ ]	0.00	\$	0.00
c. Union dues		\$	0.00	\$	0.00
d. Other (Specify):		<b>s</b> <sup>-</sup>	0.00	\$	0.00
as comme (whereat)			0.00	\$_	0.00
5. SUBTOTAL OF PAYROLI	L DEDUCTIONS	\$.	0.00	<u> </u>	25.00
6. TOTAL NET MONTHLY	TAKE HOME PAY	\$.	4,600.00	\$_	275.00
	ation of business or profession or farm (Attach detailed state	tement) \$	0.00	\$	0.00
8. Income from real property	•	\$	0.00	<b>s</b>	0.00
9. Interest and dividends		\$	0.00	\$ <u></u>	0.00
	support payments payable to the debtor for the debtor's use	e or that of	0.00	<b>s</b> _	0.00
11. Social security or government	nent assistance			-	
(Specify):			0.00	\$	0.00
		<u> </u>	0.00	\$	0.00
12. Pension or retirement incom	me	<del></del> \$_	0.00	\$_	0.00
13. Other monthly income		•		•	
(Specify):			0.00	<u>\$</u> _	0.00
·		2	0.00	<b>\$</b>	0.00
14. SUBTOTAL OF LINES 7	THROUGH 13	\$_	0.00	\$	0.00
15. AVERAGE MONTHLY I	INCOME (Add amounts shown on lines 6 and 14)	\$_	4,600.00	\$ <u></u>	275.00
16. COMBINED AVERAGE	MONTHLY INCOME: (Combine column totals from line	: 15)	\$	4,875.	.00

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

# Case 12-79090-bem Doc 1 Filed 11/23/12 Entered 11/23/12 10:59:29 Desc Voluntary Petition Page 35 of 58

#### B6I (Official Form 6I) (12/07)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

# Case 12-79090-bem Doc 1 Filed 11/23/12 Entered 11/23/12 10:59:29 Desc Voluntary Petition Page 36 of 58

B6J (Official Form 6J) (12/07) In re Johns Joseph Hamilton, III		Case No.		
	Debtor(s)		<del></del>	<del></del>
SCHEDULE J - CURRENT EX	PENDITURE	S OF INDIVIDUA	L DEBT	OR(S)
Complete this schedule by estimating the average of case filed. Prorate any payments made bi-weekly, quarexpenses calculated on this form may differ from the de	terly, semi-annually,	, or annually to show month	hly rate. The	
☐ Check this box if a joint petition is filed and debtor expenditures labeled "Spouse."	r's spouse maintains	a separate household. Com	plete a separa	ite schedule of
1. Rent or home mortgage payment (include lot rented a. Are real estate taxes included?	for mobile home)  Yes Yes	No X	\$	1,283.00
<ul><li>b. Is property insurance included?</li><li>2. Utilities: a. Electricity and heating fuel</li></ul>	Yes	No X	<u>\$</u>	277.00
b. Water and sewer			\$ <u> </u>	85.00 179.00
c. Telephone d. Other See Detailed Expense Att	tachment		₹	160.00
3. Home maintenance (repairs and upkeep)	acmicit.		<u> </u>	0.00
4. Food			\$	400.00
5. Clothing			<u> </u>	0.00
6. Laundry and dry cleaning			<u>\$</u> —	0.00
7. Medical and dental expenses			\$	0.00
8. Transportation (not including car payments)			\$	500.00
9. Recreation, clubs and entertainment, newspapers, ma	agazines, etc.		\$	100.00
10. Charitable contributions			\$	0.00
11. Insurance (not deducted from wages or included in	home mortgage pay	ments)		
a. Homeowner's or renter's			\$	71.00
b. Life			\$	100.00
c. Health			\$	500.00
d. Auto			<u> </u>	315.00
e. Other			\$	0.00
12. Taxes (not deducted from wages or included in hor	me mortgage paymer	nts)		
(Specify)			\$	0.00
13. Installment payments: (In chapter 11, 12, and 13 caplan)	ases, do not list payn	nents to be included in the		
a. Auto			\$	340.00
b. Other See Detailed Expense Att	achment	······································	<u> </u>	204.00
14. Alimony, maintenance, and support paid to others	1		\$ ——	800.00
15. Payments for support of additional dependents not		the destable of establishments	<u> </u>	0.00
16. Regular expenses from operation of business, profe	,	in detaned statement)	* <del></del>	0.00
17. Other Other			\$ <u> </u>	0.00
18. AVERAGE MONTHLY EXPENSES (Total lines			d, \$	5,314.00
if applicable, on the Statistical Summary of Certain Lia	abilities and Related	Data.)		
19. Describe any increase or decrease in expenditures i	reasonably anticipate	ed to occur within the year		
following the filing of this document:				
20. STATEMENT OF MONTHLY NET INCOME				
a. Average monthly income from Line 15 of Schedul	le I		\$	4,875.00

b. Average monthly expenses from Line 18 above

c. Monthly net income (a. minus b.)

# Case 12-79090-bem Doc 1 Filed 11/23/12 Entered 11/23/12 10:59:29 Desc Voluntary Petition Page 37 of 58

B6J (Official Form 6J) (12/07)		
In re Johns Joseph Hamilton, III	Case No.	
D	ebtor(s)	
SCHEDULE J - CURRENT EXPENDIT	TIRES OF INDIVIDUAL DERTOR(S)	
Detailed Expens		
Other Utility Expenditures:		
Phone and Internet	<b>s</b>	80.00
Gas	\$	80.08
Total Other Utility Expenditures	<u> </u>	160.00
Other Installment Payments:		
Credit Cards	<b>\$</b>	42.00
Student Loan	\$	62.00
Care Credit	\$	50.00
Dermatology		50.00
Total Other Installment Payments	\$\$	204.00

# Case 12-79090-bem Doc 1 Filed 11/23/12 Entered 11/23/12 10:59:29 Desc Voluntary Petition Page 38 of 58

B6 Summary (Official Form 6 - Summary) (12/07)

# United States Bankruptcy Court Northern District of Georgia

In re	Johns Joseph Hamilton, III		Case No
		Debtor	Chapter 7
			Onapor

#### **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		_
B - Personal Property	Yes	3	340,051.53		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	3		25,055.29	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	8		529,783.88	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			4,875.00
J - Current Expenditures of Individual Debtor(s)	Yes	2			5,314.00
Total Number of Sheets of ALL Schedu	iles	22			
	Te	otal Assets	340,051.53		
			Total Liabilities	554,839.17	

# **United States Bankruptcy Court** Northern District of Georgia

101(8)), filing

Johns Joseph Hamilton, III		Case No.	
	Debtor	Chapter	7
STATISTICAL SUMMARY OF CERTAIN L you are an individual debtor whose debts are primarily consumer	debts, as defined in § 101(8		•
case under chapter 7, 11 or 13, you must report all information red	•	4-14- 37	
Check this box if you are an individual debtor whose debts a report any information here.	re NOT primarily consumer	geors. You are no	required to
his information is for statistical purposes only under 28 U.S.C. ummarize the following types of liabilities, as reported in the S	•		
Type of Liability	Amount		
Domestic Support Obligations (from Schedule E)	0.0	0	
Faxes and Certain Other Debts Owed to Governmental Units from Schedule E)	25,055.2	9	
Claims for Death or Personal Injury While Debtor Was Intoxicated from Schedule E) (whether disputed or undisputed)	0.0	0	
Student Loan Obligations (from Schedule F)	0.0	0	
Domestic Support, Separation Agreement, and Divorce Decree Deligations Not Reported on Schedule E	0.0	0	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations from Schedule F)	0.0	0	
TOTAL	25,055.2	9	
State the following:		_	
Average Income (from Schedule I, Line 16)	4,875.0	0	
Average Expenses (from Schedule J, Line 18)	5,314.0	0	
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	4,900.0	0	
state the following:		<u></u>	
. Total from Schedule D, "UNSECURED PORTION, IF ANY" column			0.00
. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	10,237.6	2	
Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column			14,817.67
1. Total from Schedule F			529,783.88
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)			544,601.55

Case 12-79090-bem Doc 1 Filed 11/23/12 Entered 11/23/12 10:59:29 Desc Voluntary Petition Page 40 of 58

B6 Declaration (Official Form 6 - Declaration). (12/07)

# **United States Bankruptcy Court** Northern District of Georgia

In re	Johns Joseph Hamilton, III		Case No.	
		Debtor(s)	Chapter	7
	DECLARATIO	ON CONCERNING DEBTOR	rs schediii.	FS
	DECEMENT	on concenting debion	COCCEDED	
	DECLARATION UN	IDER PENALTY OF PERJURY BY I	NDIVIDUAL DE	BTOR
		rjury that I have read the foregoing su and correct to the best of my knowledg		
Date .	11.23.2012	Signature  Johns Joseph Ha	2 January	<u>^</u>

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

# Case 12-79090-bem Doc 1 Filed 11/23/12 Entered 11/23/12 10:59:29 Desc Voluntary Petition Page 41 of 58

# United States Bankruptcy Court Northern District of Georgia In re Johns Joseph Hamilton, III Debtor(s) Case No. Chapter 7 VERIFICATION OF CREDITOR MATRIX The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Johns Joseph Kamilton, Ul

Signature of Debtor

Best Case Bankruptcy

11.23. 2012

#### B 201A (Form 201A) (11/11)

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA

# NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a joint case (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$46 administrative fee, \$15 trustee surcharge: Total Fee \$306) Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

## Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$46 administrative fee: Total fee \$281)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments

Form B 201A, Notice to Consumer Debtor(s)

Page 2

over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1000 filing fee, \$46 administrative fee: Total fee \$1046)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

## Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$46 administrative fee: Total fee \$246)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at <a href="http://www.uscourts.gov/bkforms/bankruptcy">http://www.uscourts.gov/bkforms/bankruptcy</a> forms.html#procedure.

Case 12-79090-bem Doc 1 Filed 11/23/12 Entered 11/23/12 10:59:29 Desc Voluntary Petition Page 44 of 58

United States Bankruptcy Court
Northern District of Georgia

In re Johns Joseph Hamilton, III Debtor(s) Case No.
Chapter 7

CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE

Certification of Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Johns Joseph Hamilton, III

Printed Name(s) of Debtor(s)

United States Bankruptcy Case No.
Chapter 7

Certification of Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Johns Joseph Hamilton, III

Printed Name(s) of Debtor(s)

Date

Signature of Joint Debtor (if any)

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Case No. (if known)

# Case 12-79090-bem Doc 1 Filed 11/23/12 Entered 11/23/12 10:59:29 Desc B22A (Official Form 22A) (Chapter 7) (12/10) Voluntary Petition Page 45 of 58

In re Johns Joseph Hamilton, III	
Debtor(s)  Case Number:	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
(If known)	☐ The presumption arises.
	■ The presumption does not arise.
	☐ The presumption is temporarily inapplicable.

# **CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME** AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	<b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	☐ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	<ul> <li>b.   I am performing homeland defense activity for a period of at least 90 days /or/  I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.</li> </ul>

#### Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. Ummarried. Complete only Column A ("Debtor's Income") for Lines 3-11. b. Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than 2 for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only column A ("Debtor's Income") for Lines 3-11. Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. All figures must reflect average monthly income received from all sources, derived during the six Column A Column B calendar months prior to filing the bankruptcy case, ending on the last day of the month before Debtor's Spouse's the filing. If the amount of monthly income varied during the six months, you must divide the Income Income six-month total by six, and enter the result on the appropriate line. 3 Gross wages, salary, tips, bonuses, overtime, commissions. 300.00 4.600.00 Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V. 4 Debtor Spouse Gross receipts 0.0018 0.00 Ordinary and necessary business expenses \$ 0.0015 0.00 Subtract Line b from Line a 0.00 | \$ 0.00 Business income Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V. Debtor Spouse 5 Gross receipts 0.00 ( \$ 0.00 Ordinary and necessary operating \$ 0.00 | \$ 0.00 expenses \$ 0.00 0.00 Rent and other real property income Subtract Line b from Line a 6 \$ \$ Interest, dividends, and royalties. 0.00 0.00 7 Pension and retirement income. \$ 0.00 \$ 0.00 Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that 8 purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; 0.00 0.00 if a payment is listed in Column A, do not report that payment in Column B. Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A 9 or B, but instead state the amount in the space below: Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ **0.00** | Spouse \$ 0.00 0.00 \$ 0.00 Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or 10 domestic terrorism. Debtor Spouse \$ a. Total and enter on Line 10 0.00 0.00 Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, 11 4.600.00 300.00 if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		4,900.00
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION		
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	58,800.00
14	Applicable median family income. Enter the median family income for the applicable state and household size.  (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		
	a. Enter debtor's state of residence: GA b. Enter debtor's household size: 7	\$	88,351.00
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.	<del></del>	<del>' '"</del>
15	The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.	does n	ot arise" at the
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.		

## Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Complete Pal		statement only if required	r (see Talle 12.)	····	
	Part IV. CALCUL	ATION OF CURREN	T MONTHLY INCOM	ME FOR § 707(b)	(2)	
16	Enter the amount from Line 12.			<u> </u>	\$	
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did					
	a. b. c. d. Total and enter on Line 17		\$ \$ \$ \$		S	
18	Current monthly income for § 7	07(b)(2). Subtract Line 17 fr	om Line 16 and enter the res	sult.	\$	
	Part V. (	CALCULATION OF D	EDUCTIONS FROM	INCOME		
	Subpart A: De	ductions under Standar	ds of the Internal Reven	ue Service (IRS)	<u>-</u>	
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					
19B	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as evernations on your federal income tay return, plus the number of any additional dependents whom					
	Persons under 65 years.  Allowance per person	ars of age a2.	Persons 65 years of age Allowance per person	or older		
	bl. Number of persons	b2.	Number of persons			
	cl. Subtotal	c2.	Subtotal		\$	
Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.						

20В	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.  [a. IRS Housing and Utilities Standards; mortgage/rental expense"   \$  [b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42]				
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$		
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are enti Standards, enter any additional amount to which you contend you are contention in the space below:	tled under the IRS Housing and Utilities	\$		
	Local Standards: transportation; vehicle operation/public transportation You are entitled to an expense allowance in this category regardless of a vehicle and regardless of whether you use public transportation.  Check the number of vehicles for which you pay the operating expense.	f whether you pay the expenses of operating			
22A	included as a contribution to your household expenses in Line 8.	or or the times are operating expenses are			
	If you checked 0, enter on Line 22A the "Public Transportation" amou Transportation. If you checked 1 or 2 or more, enter on Line 22A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a>	\$			
<b>22</b> B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)				
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)  1				
	a. IRS Transportation Standards, Ownership Costs  Average Monthly Payment for any debts secured by Vehicle	3			
	b. 1, as stated in Line 42	S. Land Line Line Line	s		
	[c. Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a.  Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23.				
24	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court), enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.				
	a. IRS Transportation Standards, Ownership Costs  Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 42	\$ \$			
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$		
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal,				

Other Necessary Expenses: two luntary deductions for employment. Enter the total average monthly payrol deductions that are required for your employment, such as retinement contributions, union dues, and uniform costs. So not include discretionary amounts, such as voluntary 401(k) contributions.  Other Necessary Expenses: the Insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance or yourself properties of the surance of yourself. Do not include premiums for insurance or yourself, you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payment on past due obligations scheded in Line 44.  Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend on childcare - such as buby-sitting, day one, nursery and preachool. Do not include other education providing similar services is available.  Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as buby-sitting, day one, nursery and preachool. Do not include other educational payments.  Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as buby-sitting, day one, nursery and preachool. Do not include observed to the child average monthly amount that you actually expend on childcare - such as buby-sitting, day one, nursery and preachool. Do not include observed to the amount entered in Line 199. Do not include payments for beath insurance or health sourage account, and that is in excess of the amount entered in Line 199. Do not include payments for beath insurance or health sourage account in the day accused payments for beath insurance or health sourage account in the late of the amount entered in Line 199. Do not include any entered of the amount entered in L	DAAM (	(Official Form 22A) (Chapter 7) (12/10)			:	
28   Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments any part due obligations included in Line 44.    29   Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for octuation that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.   30   Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.     31   Other Necessary Expenses: the Enter the total average monthly amount that you actually expend to health assurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for bealth insurance or health savings accounts instead in Line 34.     32   Other Necessary Expenses: telecommunication services than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.     33   Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.	26	deductions that are required for your employment, such as retires	ment contributions, union dues,		\$	
pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments or past due obligations included in Line 44.  Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as beby-sitting, day care, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a beath savings account, and that is in excess of the amount entered in Line 198. Do not include payments for bealth insurance or health savings accounts listed in Line 34.  Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents.  Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.  Subpart B: Additional Living Expense Deductions  Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the space below.  Listed to the categories set out in lines ac- below that are reasonably necessary care and support of an elderly, chronically ill, or disabled member of your hou	27	life insurance for yourself. Do not include premiums for insur			\$	
Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physicality or mentally challenged dependent child for whom no public education providing similar services is available.    Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as buby-sitting, day care, nurstry and preschool. Do not include other educational payments.	28	pay pursuant to the order of a court or administrative agency, suc	ch as spousal or child support p		3	
childcare - such as beby-sitting, day care, nursery and preschool. Do not include other educational payments.  Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.  Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.  S  Subpart B: Additional Living Expense Deductions  Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  a. Health Insurance  S  Health Savings Account  Total and enter on Line 34.  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below.  Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Ser	29	Enter the total average monthly amount that you actually expend and for education that is required for a physically or mentally cha	for education that is a condition	on of employment	\$	
health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.  Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.  33 Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.  Subpart B: Additional Living Expense Deductions  Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  a. Health Insurance  b. Disability Insurance  c. Health Savings Account  Total and enter on Line 34.  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential	30				S	
actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.  33 Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.  Subpart B: Additional Living Expense Deductions  Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  a. Health Insurance b. Disability Insurance c. Health Savings Account  Total and enter on Line 34.  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below.  S.  Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional	31	health care that is required for the health and welfare of yourself insurance or paid by a health savings account, and that is in exce	or your dependents, that is not ss of the amount entered in Lin	reimbursed by	\$	
Subpart B: Additional Living Expense Deductions  Note: Do not include any expenses that you have listed in Lines 19-32  Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  a. Health Insurance	32	actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and				
Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.    A	33	Total Expenses Allowed under IRS Standards. Enter the total	of Lines 19 through 32.		\$	
the categories set out in lines a-c below that are reasonably necessary for your spouse, or your dependents.  a. Health Insurance \$		Note: Do not include any expenses t	that you have listed in L	ines 19-32		
a.   Health Insurance   \$     b.   Disability Insurance   \$     c.   Health Savings Account   \$     Total and enter on Line 34.     If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:   \$     Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.     Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.     Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional		the categories set out in lines a-c below that are reasonably neces				
Total and enter on Line 34.  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  S  Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional	34	a. Health Insurance \$				
Total and enter on Line 34.  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  \$  Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional	j	b. Disability Insurance \$				
If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  S  Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional		c. Health Savings Account \$			\$	
expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional		If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:				
actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional	35	expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such				
Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional	36	actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or				
	37	Standards for Housing and Utilities, that you actually expend for case trustee with documentation of your actual expenses, and	home energy costs. You must	provide your	\$	

38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92° per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.					
39	expenses exceed the combined allow Standards, not to exceed 5% of those	nse. Enter the total average monthly arwances for food and clothing (apparel are combined allowances. (This informaticourt.) You must demonstrate that the	nd services) in the IRS ion is available at www	S National w.usdoj.gov/ust/	<b>S S</b>	
40	Continued charitable contribution financial instruments to a charitable	s. Enter the amount that you will conti organization as defined in 26 U.S.C. §	inue to contribute in the 170(c)(1)-(2).	ne form of cash or	\$	
41	Total Additional Expense Deduction	ons under § 707(b). Enter the total of	Lines 34 through 40		\$	
		Subpart C: Deductions for De	ebt Payment			
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.					
	Name of Creditor	Property Securing the Debt	Average Monthly Payment			
	a.		\$	<b>□</b> уеѕ		
			Total: Add Lines		\$	
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.  Name of Creditor Property Securing the Debt 1/60th of the Cure Amount a.					
44		laims. Enter the total amount, divided by claims, for which you were liable at ch as those set out in Line 28.	by 60, of all priority c	ruptcy filing. Do	\$	
45	Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.  a. Projected average monthly Chapter 13 plan payment.  b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)					
		tive expense of Chapter 13 case	Total: Multiply Line	esa and b	\$ \$	
46	46 Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.					
		Subpart D: Total Deductions f				
47	Total of all deductions allowed und	ler § 707(b)(2). Enter the total of Lines	33, 41, and 46.	·····	\$	
	Part VI. D	ETERMINATION OF § 707(I	b)(2) PRESUMPT	LION		
48		urrent monthly income for § 707(b)(2	<del></del>		\$	
49	Enter the amount from Line 47 (To	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))				

<sup>\*</sup> Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.	\$					
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	\$					
	Initial presumption determination. Check the applicable box and proceed as directed.						
52	☐ The amount on Line 51 is less than \$7,025°. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.						
	☐ The amount set forth on Line 51 is more than \$11,725* Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.						
	☐ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (Lines 53 through 55).						
53	Enter the amount of your total non-priority unsecured debt	\$					
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$					
	Secondary presumption determination. Check the applicable box and proceed as directed.						
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.						
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.						
Part VII. ADDITIONAL EXPENSE CLAIMS							
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare						
	of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for						
	each item. Total the expenses.						
	Expense Description Monthly Amoun	<u>ıt</u>					
	[a.     3     5     5     5     5     6     7         7       7         7	-∤ !					
	c. \$	_					
	d. S Total: Add Lines a, b, c, and d \$	-					
Part VIII. VERIFICATION							
	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.)						
57	Date: 1.23.2012 Signature: 1.2012						
	Johns Joseph Namilton, II (Debtor)	,,					

<sup>\*</sup> Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Angela Cribb Hamilton 4035 Wellington Mist Point Duluth, GA 30097

AOL P.O. Box 60018 Tampa, FL 33660-0018

AT&T - Legacy B. c/o Bay Area Credit Srvc LLC 1901 W. 10th Street Antioch, CA 94509

Bank of America Mortgage P.O. Box 5170 Simi Valley, CA 93062-5170

Bank of America Mortgage P.O. Box 650070 Dallas, TX 75265

Barclays Bank Delaware c/o Enhanced Recovery 8014 Babyerry Rd Jacksonville, FL 32256-7412

Barclays Bank Delaware c/o Plaza Assoc. JAF Station, PO Box 2769 New York, NY 10116-2769

Barclays Bank Delaware c/o NationalEnterprise Systems 29125 Solon Road Solon, OH 44139-3442 Cannongate Golf Clubs c/o CRB Service Company 6065 Roswell Road, Ste. 440 Atlanta, GA 30328

City of Buford c/o Penn Credit 916 S. 14th St. PO Box 988 Harrisburg, PA 17108-0988

First Bankcard (Union Bank) c/o Platinum Recovery Solution P.O. Box 541090 Omaha, NE 68154-9090

First Bankcard (Union Bank) c/o RGS Financial P.O. Box 852039 Richardson, TX 75085-2039

First Bankcard (Union Bank) c/o UNIFUND CCR LLC 10625 Techwoods Cir. Cincinnati, OH 45243

GE Money Bank c/o Allied Interstate 3000 Corporate Exchange Dr. Columbus, OH 43231

GE Money Bank c/o NCC Business Services 9428 Baymeadows Rd, #200 Jacksonville, FL 32256

Georgia Dept of Revenue Taxpayer Services Division P.O. Box 105499 Atlanta, GA 30348-5499 HSBC Bank Nevada c/o Phillips & Cohen Assoc 1002 Justison St Wilmington, DE 19801-5148

HSBC-Yamaha c/o Northland Group P.O. Box 390846 Minneapolis, MN 55439

HSBC-Yamaha c/o Curtis O Banres PC P.O. Box 1390 Anaheim, CA 92815-1390

HSBC-Yamaha c/o Asset Recovery Solutions 2200 E. Devon Ave, Suite 200 Des Plaines, IL 60018-4501

Internal Revenue Service 401 W. Peachtree Street NW Atlanta, GA 30308

JP Morgan Chase c/o Firstsource Advantage 205 Bryant Woods South Buffalo, NY 14228

JP Morgan Chase c/o HANNA 1427 Roswell Road Marietta, GA 30062

JP Morgan Chase c/o NCO Financial Systems 507 Prudential Road Horsham, PA 19044 Keleigh Cristin Oxendine 2937 Strand Avenue Lawrenceville, GA 30043

Liberty Community Management 2559 Sable Ridge Court P.O. Box 2082 Loganville, GA 30052

Monitronics International c/o Rosenthal, Morgan & Thomas 12747 Olive Blvd, Ste. 250 Saint Louis, MO 63141

Monitronics International c/o Credit Management LP 4200 International Pkwy Carrollton, TX 75007-1912

Nieman Marcus P.O. Box 729080 Dallas, TX 75372-9080

Nieman Marcus P.O. Box 5235 Carol Stream, IL 60197-5235

Pestban of GA c/o NCO Financial Systems P.O. Box 15372 Wilmington, DE 19850-5372

Premier Immediate Care of GA c/o Transworld Systems 280 Interstate N, Cir. #540 Atlanta, GA 30339 Premier Immediate Care of GA c/o NCO Pinancial Systems, Inc 507 Prudential Road Horsham, PA 19044

Quest Diagnostics c/o American Medical Collectio Westchester Plaza, Suite 110 Elmsford, NY 10523

State Farm Bank c/o Management Services, Inc. P.O. Box 1099 Langhorne, PA 19047

State Farm Bank c/o FMS, Inc. P.O. Box 707600 Tulsa, OK 74170-7600

TruGreen P.O. Box 2729 Suwanee, GA 30024-0984

Wachovia Bank c/o LDG Financial Services 7001 Pchtree Indus Blv Ste 320 Norcross, GA 30092

Waste Pro 3512 Oakcliff Rd Atlanta, GA 30340

# U. S. BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA ATLANTA DIVISION

# 01182752 - AS November 23, 2012

Code Case No Qty Amount By

7N 12-79090 1 \$306.00 CK

Judge - Not Yet Assigned Debtor - J. J. HAMILTON

TOTAL: \$306.00

FROM: Johns Joseph Hamilton III 2312 Mahogany Glen Place Lawrenceville, GA 30043 Case Number: 12-79090 bem Doc 1 Filed 11/23/12 Voluntary Petition F

/12 Entered 11/23/12 Page 58 of **hapter:** 7 Pesc Judge: <u>Jem</u>

Please submit the following original documents to the Court for filing so that the case will proceed timely. If you would like to have a filed-stamped copy of the documents, please submit an extra copy along with a self-addressed stamped envelope.

MISSING DOCUMENTS DUE:		Petition Deficiencies:			
☐ Matrix (list of creditors' names & full addresses)	□ Name				
□ Pro Se Affidavit (due with in 7 days, signature must be nota	☐ Last 4 digits of SSN				
or witnessed by a Court Intake Clerk, accompanied by a pictur	□ Address □County				
☐ Signed Statement of Social Security Number - Form B21(due	e within 7 days	Type of Debtor			
□ Voluntary Petition on Official Form One (12/11)	□ Chapter				
□ Exhibit D (Individuals only) (12/09)	□ Nature of Debts				
□ Statement of Financial Affairs (4/10)	☐ Statistical Estimates				
□ Schedules: A B C D E F G H I J (C&E 4/10)		□ Signatures			
□ Declaration Page for Summary & Schedules (10/07)	☐ Attorney Bar Number				
□ Summary of Schedules (12/07)					
□ Statistical Summary (12/07)		Case filed via:			
□ Attorney Disclosure Statement (12/94)	Intake Counter by:				
Statement of Intent - Ch.7 (due within 30 days, individual on	lv)(12/08)	☐ Attorney			
□ Petition Preparer Disclosure Statement Form280 (10/05)	□ Debtor - verified ID				
□ Declaration & Notice: Non-Atty Pet. Preparer B19 (12/07)	☐ Other - copy of ID of:				
☐ Certification of Notice 342- Form 201B (Ind only) (12/09)	_ = 0.000				
☐ Statement of Monthly Income/Means Test (Ind only) (12/10)	☐ Mailed by:				
☐ Certificate of Credit Counseling (Individuals only)		Attorney			
□ Chapter 13 Plan, complete with signatures (4/08) (under local	forms)	□ Debtor			
□ Pay Advices (Individuals only)	<b>J</b> er2)	 □ Other:			
□ Corporate Resolution (Business Ch. 7 & 11)					
		History of Case Association			
Ch.11 Business					
□ 20 Largest Unsecured Creditors Prior cases wit		hin 2 years:_			
☐ List of Equity Security Holders					
☐ Small Business - Balance Sheet		Related case within 2 years:			
☐ Small Business - Statement of Operations					
☐ Small Business - Cash Flow Statement					
□ Small Business - Federal Tax Returns					
Official and Local Bankruptcy Forms are available on the Court's websattorney, please read the information regarding Filing Bankruptcy With www.uscourts.gov/bankruptcycourts/prose.html  FILING FEE INFORMATION - if the required filing fees are not pa  Paid \$306	iout An Attorney  id in full at the ti	at: ime of case filing, an Order will be forthcoming: nting 10 days			
You may mail documents and filing fee payments (no personal checks accepted - cashier's check or money orders only) to the address below. All fee payments and documents filed with the Court must show the debtor's name and bankruptcy case number.					

r's name and bankruptcy case number.

UNITED STATES BANKRUPTCY COURT

Richard B. Russell Building
75 Spring Street, S. W., Room 1340
Atlanta, Georgia 30303
404-215-1000

Intake Clerk:	A. Spence	Date: 11/23/12	Case Opener:	Date:	